

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

TOTAL SALES OF SALES SALES SALES	OF PARTIES AND ADDRESS.	(NOTE: 1	ins report	illust be	e ciear an	u iegibie. it sno	uia be typed	1)		Secretary particles are a second	
Filer Identification Number			Report F		Candida	ate	Committee		X	Lobbyist	
Name of Filing Com Lobbyist	mittee, Ca	ndidate or	Con	nni	TTER	E TO E	IEPT	7.00	Rac	4-	
Street Address			100	11111	naci	INNA A	···	VIII	NOU	Κ	
City	I .—	<u> </u>	100	0 /	State	1004 /10	Zip Code	1			
	LND SHALE MEDING INCOME	215		UNION CONTRA		PA	Lip code	16	509	m suprimpriment in	SAPONE
Type of Report (Place	NAMES AND ADDRESS OF	THE RESERVE OF THE PERSON NAMED IN COLUMN 1			with the same and the same						
		3- 30 Day Post			2 nd Friday	6- 30 Day Post	7- Annual		2 nd Friday	Special 30	
Pre-Primary Pre	-Primary	Primary	Pre- Elect	ion Pr	e- Election	Election		Pre-Elec	tion	Post-Electi	on
						X					
Date Of Election	broken sev		Year			Amendment		Termina	ntion.	23 -	
(MM/DD/YYYY)		11/07/2017		12	017	Report		Report	10	2	
Summary of Receipt	s and	From Date	STREET, SOUTH STREET, SOUTH STREET, ST	Date			For	Office Use	Only	2	Extension.
Expenditures		while	58	11					ma.	CO	
A. Amount Brought	Forward E	10/34/2017		127/2	2017				-E00	0	
A. Amount brought	roiwaiu r	rom Last Report	1 6	.82	4.32				SE	===	
B. Total Monetary Co	ontributio	ns and Receipts	\$	16	0.00				20-	:	
(From Schedule I) C. Total Funds Availa	hle		\$ 6						=======================================	100	
(Sum of Lines A and			18	,074	1.32				-	+ >	$\stackrel{>}{\sim}$
D. Total Expenditure	:S		4	358						1	(1
(From Schedule III) E. Ending Cash Balan			-	350	1, 31						
(Subtract Line D from			\$ 1,	716	.01						
F. Value of In-Kind Co		ns Received	\$	5 0.00							
(From Schedule II)	~11.		+1- 		-00						
G. Unpaid Debts and (From Schedule IV)	Obligatio	ns	\$ a.	000	0.00						
Part 1- If this is a Comm			16.1.7.1		Affidavít Sec						
I swear (or affirm) that t	this report,	including the attac	hed schedu	les on pap	er, is to the	ndidate sign here. best of my knowled	ge and belief tr	ue. correct	and comple	te	
Sworn to and subscribe	d before me	e this		Phic phic	717 11 3, 20 54 55 7	-11	7///		and comple		
Hay of	0001	720		y Pul	SAP —	Signature	of Person Subm	itting repor	t		
Somo		MI	-	o e o	- xpicx -	/y c	U. D.	uch		_	
Signa	l 1.	-2-101		TARE NO.	E E E		Printed Name	2			
My Commission expires		5 1 1	-	MEALTH NOTAR Tonia Wilt.	Signal —	814	_8	60 C	247		
	MO.	DAY YR.		2 2	Ommission E	rea Code	Day	time Teleph	one Númbe	r	
Part II- If this is a report	of a Candid	late's Authorized (Committee,	çandidate	shall sign he	re.					
I swear (or affirm) that t amended.	o the best o	of my knowledge a	()		nas not violated any	provisions of t	he Act of Ju	ne 3, 1937 (i	P.L. 1333, NO.3	(20) as
Super to 1 - 1 - 1'		.1.	Ç	اد	MEN.	Ω	,	0	/		
Sworn to and subscribed	before me	this		⊴	100	1/ 21	17	2 10	11		
day of V	OV.	20 1		/AN	0 174R	June/1	18/6	2001	<u></u>		-
DM 19	(NJ	Lt.		2	2019 07 NO	JAME	ature of Candid	ate 300	ck		
Signat	ure	1 ^		VNS blic	April 3.		Printed Name				
My Commission expires_	4-	5-19	•	OF PENNI IAL SEAL Notary Public		814)	5	72 -4	4209		
ersent erse amerikansk amerikansk i da 200	MO.	DAY YR.	-	AL S	25 145	rea Code	Dayti	me Telepho	ne Number	_	
				TARI Milt. I	Erie.						
				0 0 0	No. 17.						
				NWE.	City Commis						
				0	2						

SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period (1	1)	\$	300.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			000100
Contributions Received from Political Committees (Part A)	T	\$	0.00
All Other Contributions (Part B)	1	\$	0.00 550,00 550.00
Total for the reporting period (2	2)	\$	550.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)	T	\$	0.00
All Other Contributions (Part D)	+	\$	400 00
Total for the reporting period (3))	\$	0.00 400.00 400.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			,00.00
Total for the reporting period (4))	\$	0.00
otal Monetary Contributions and Receipts during this reporting period (Add and inter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report over Page, Item B)	-	\$	1,250.00

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification	on Number					
	en e		0 1		A	mount
Full Name of C Committee	ontributing		1/1/1	Date [MM/DD/YYYY]	\$	AND
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of C Committee	ontributing			Date [MM/DD/YYYY]	\$	Who who have been been been been been been been be
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co Committee	ontributing		Variation and	Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co Committee	ontributing		ESTABLIST STATE	Date [MM/DD/YYYY]	\$	to an boundary .
House #	Street Address	***************************************		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
		100000	一种技术的发展			

PART B All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:

							72
Full Name of Cor	atributor					Trans.	
	JAM	ES R.	WALCZA	大 大	Date [MM/DD/YYYY] 10 27 2017	. 577	200.00
House # 8	Street Address	OLD L	AKE RI	7	Date [MM/DD/YYYY]	\$	
City No.	RTHEAST	State PA	Zip Code	6428	Date [MM/DD/YYYY]	\$	
Full Name of Cor	tributor		co luminario de la companio del companio del companio de la companio del companio del companio de la companio del companio del companio de la companio del com	MATURIAL MINOS CONCERNO	Date [MM/DD/YYYY]	Š	
		RT GA	NOLEY		10/27/2017		150.00
House #	7 Street Address	S. PAR	K Rou	1	Date [MM/DD/YYYY]	\$	
CONTRACTOR OF STREET	IRARD	State PA	Zip Code /	6417	Date [MM/DD/YYYY]	\$	
Full Name of Con	tributor		_		Date [MM/DD/YYYY]	\$	
House #		K J.	SHAW		10/27/2017		100.00
434	4.5 Street Address	COLT	LN		Date [MM/DD/YYYY]	\$	
City	RIE	State AA	Zip Code	6506.	Date [MM/DD/YYYY]	\$	
Full Name of Con	tributor	, —	1		Date [MM/DD/YYYY]	\$	
W		K)./	AVKOV		10/27/2017		100:00
360	Street Address	ASBUR	ly RD		Date [MM/DD/YYYY]	\$	
City Ex	LIE	State PA	Zip Code /	506	Date [MM/DD/YYYY]	\$	
Full Name of Con	tributor				Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Cont	ributor				Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification	Number:					
METER CALL COLUMN TO MAN	VALUE OF THE PROPERTY OF THE PARTY OF THE PA) /		es er extravel et ben.	
Full Name of Contributing Co	mmittee	1	MA	Date [MM/DD/YYYY]	\$	THE PARTY OF THE PARTY OF THE PARTY.
House #	Street Addres	55		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Con	nmittee			Date [MM/DD/YYYY]	\$	
House #	Street Addres	s		Date [MM/DD/YYYY]	\$	
City	. I	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Con	nmittee			Date [MM/DD/YYYY]	\$	
House #	Street Addres	5		Date [MM/DD/YYYY]	\$	
City	102 00 00 00 00 00	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Con	nmittee			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Com	ımittee			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	,	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Com	mittee			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
		1度的原金				

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

Filer Identification Number:

The state of the s	And the second second	and the second second second second second		
Full Name of Contributor	San College Co			
FI	1111 I	= ANDID	Date [MM/DD/YYYY] \$	
The state of the s	IMN L	ADAIR 10THST	10/25/2017 40	10.00
House # Street Address	1 1	INTH 1 -	Date [MM/DD/YYYY] \$	
125 ST 125 E 1 O 1 O 1 O 1 O 1 O 1 O 1 O 1 O 1 O 1	VV.	10"55		
City Engle	State	Zip Code	Date [MM/DD/YYYY] \$	
	1	1/6	501	
Employer Name	FILANT	ANAID-AT	TNY Occupation ATTORNE ERIE PA16501	
Employer Mailing Address /	7111	· / DICK /I/	NIMITORNE	<i>Y</i>
Principal Place of Business	246 h	N10"5T.	ERIE PA16501	±.
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
			Date [MM/DD/YYYY] \$	
City	T Chate	The Programme of		
city	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		0.89500.555		
			Occupation	
Employer Mailing Address / Principal Place of Business		le .		
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
			Date [MM/DD/YYYY] \$	
City	T Crata			
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				
			Occupation	
Employer Mailing Address / Principal Place of Business			- Russian Charles	
Full Name of Contributor				
run warne of contributor			Date [MM/DD/YYYY] \$	-
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
			Date [MM/DD/YYYY] \$	
Employer Name				
	200 (100)		Occupation	
Employer Mailing Address / Principal Place of Business				
Principal Place of business				J

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Nun	nber:			
		0.1		
Full Name		1//	A	
House #	Street Address	101.	<u></u>	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				1994
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				1999
Full Name		American and demonstration to the self-self-self-self-self-self-self-self-	persons serving describe the service of the service of	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		The state of the s		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		- I see a se		
Full Name		And the second s		
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:				
Full Name of Contributor	NI	A	Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution		ARREST AND LANGUE		
Full Name of Contributor	The State of the S		Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				and the same of th
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	CONTROL OF THE PROPERTY OF THE
Expression and the second	

		IDEAN MELTINIA		
Full Name of Con	itributor	11	1A	Date [MM/DD/YYYY] \$
		10	179	
House #	Street Address			Date [MM/DD/YYYY] \$
City	THE REAL PROPERTY.	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		はないなどであ はない	WANGER WAS 15	Occupation
Employer Mailing	g Address / Principal	1		Description
Place of Business				of
				Contribution
Full Name of Con	tributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing Place of Business	Address / Principal			Description of
race of Business				Contribution
Full Name of Con	tributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
	Street Address			2010 [11111]
City		State	Zip Code	Day Issaelon (man)
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
	Address / Principal			Description
Place of Business				of
Full Name of Con	tributor			Contribution Contribution
run Name of Com	urbutor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		N.	The state of the s	Occupation
	Address / Principal			Description
Place of Business				of
		33		Contribution

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:		
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50	0.00 OR	R LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$	0
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.	00 (FRC	OM PART F)
TOTAL for the reporting period (2)	\$	0
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	/ PART	(G)
TOTAL for the reporting period (3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$	0

Statement of Expenditures

Filer	Identification	Number:
Part LABOR	PROTECTION AND DESCRIPTION OF PERSONS AND ADDRESS OF THE PERSON OF PERSONS AND ADDRESS OF THE PERSON	CONTRACTOR OF STATE

To Whom Paid	Date [MM/DD/YYYY] \$
WCTL RADIO	10/24/2017 400:00
House # 10912 Street Address PEACH ST	Description of Expenditure
City WATERFORD State PA Zip Code 16441	RADIO ADVERTISING
To Whom Paid	Date [MM/DD/YYYY] \$ 999.60
CONNOISSEUR MEDIA	1 - 100/00/1
House # Street Address BOSTON STORE PL	Description of Expenditure
City ERIE State PA Zip Code 16501	RADIO ADVERTISING
To Whom Paid KIM KOAY	Date [MM/DD/YYYY] \$ 4,080.68
House # 2040 Street Address W 8TH 5T	Description of Expenditure
The state of the s	DIRECT MAIL FLYER
To Whom Paid	Date [MM/DD/YYYY] \$
ERIF COUNTY REPUBLICAN COMM.	11/03/2017 80.00
House # 8345 Street Address EDINBORO RD	Description of Expenditure
City EAIE State PA Code 16509	RALLY ENTRY FEE
To Whom Paid 115 - MANS	Date [MM/DD/YYYY] \$ 511 UC
1 15-014115	
WEGMANS	Date [MM/DD/YYYY] \$ 54.46
House # 6/43 Street Address PEACH 57 City EAIE State PA Zip Code 16509	Date [MM/DD/YYYY] \$ 54.46 Description of Expenditure Date [MM/DD/YYYY] \$ 54.46
House # 6/43 Street Address $PEACH 57$ City $EAIE$ State PA Code 16509 To Whom Paid JiM $Bock$	Date [MM/DD/YYYY] \$ 54. 46 11/06/2017
House # 6/43 Street Address PEACH 57 City EAIE State PA Zip Code 16509	Date [MM/DD/YYYY] \$ 54.46 Description of Expenditure DAINKS FOR WATCH PARTY Date [MM/DD/YYYY] \$ 50.00 Description of Expenditure
House # 6/43 Street Address PEACH ST City EAIE State PA Code 16509 To Whom Paid JiM BOCK	Date [MM/DD/YYYY] \$ 54.46 Description of Expenditure Date [MM/DD/YYYY] \$ 50.00 Description of Expenditure Date [MM/DD/YYYY] \$ 50.00 Description of Expenditure Description of Expenditure
House # 6/43 Street Address PEACH ST City EAIE State PA Zip Code 16509 To Whom Paid JiM BOCK House # 1000 Street Address MARIANNA AVE City ERIE State PA Zip Code 16509	Date [MM/DD/YYYY] \$ 54.46 Description of Expenditure DAINKS FOR WATCH PARTY Date [MM/DD/YYYY] \$ 50.00 Description of Expenditure PART AND PART AND PARTY Date [MM/DD/YYYY] \$ 50.00
House # 6/43 Street Address PEACH ST City ERIE State PA Zip Code 16509 To Whom Paid JIM BOCK House # 1000 Street Address MARIANNA AVE City ERIE State PA Zip Code 16509 To Whom Paid BEERT POP DISCOUNT WAREHOUSE	Date [MM/DD/YYYY] \$ 54.46 Description of Expenditure DAINKS FOR WATCH PARTY Date [MM/DD/YYYY] \$ 50.00 Description of Expenditure EEIMBURSE FOR ECRC BASKET DONATION Date [MM/DD/YYYY] \$ 113.57 Description of Expenditure
House # 6/43 Street Address PEACH ST City ERIE State PA Zip Code 16509 To Whom Paid JIM BOCK House # 1000 Street Address MARIANNA AVE City ERIE State PA Zip Code 16509 To Whom Paid BEERT POP DISCOUNT WAREHOUSE	Date [MM/DD/YYYY] \$ 54.46 Description of Expenditure Date [MM/DD/YYYY] \$ 50.00 Description of Expenditure Date [MM/DD/YYYY] \$ 50.00 Description of Expenditure Date [MM/DD/YYYY] \$ 113.57 Description of Expenditure
House # 6/43 Street Address PEACH ST City ERIE State PA Zip Code 16509 To Whom Paid JiM BOCK House # 1000 Street Address MARIANNA AVE City ERIE State PA Zip Code 16509 To Whom Paid BEERGY POP DISCOUNT WAREHOUSE House # 901 Street Address PENINSULA DR City ERIE State PA Zip Code 16505	Date [MM/DD/YYYY] \$ 54.46 Description of Expenditure Date [MM/DD/YYYY] \$ 50.00 Description of Expenditure Date [MM/DD/YYYY] \$ 50.00 Date [MM/DD/YYYY] \$ 113.57 Description of Expenditure Date [MM/DD/YYYY] \$ 113.57 Description of Expenditure
House # 6/43 Street Address PEACH ST City ERIE State PA Zip Code 16509 To Whom Paid JIM BOCK House # 1000 Street Address MARIANNA AVE City ERIE State PA Zip Code 16509 To Whom Paid BEERGY POP DISCOUNT WAREHOUSE House # 901 Street Address PENINSULA DR City ERIE State PA Zip Code 16505 To Whom Paid PEESQUE ISLE PA Zip Code 16505	Date [MM/DD/YYYY] \$ 54.46 Description of Expenditure Date [MM/DD/YYYY] \$ 50.00 Description of Expenditure PELMBURSE FOR ECRC BASKET DONATION Date [MM/DD/YYYY] \$ 113.57 Description of Expenditure BEER PAP FOR WATCH PARTY Date [MM/DD/YYYY] \$ 113.57
House # 6/43 Street Address PEACH ST City EAIE State PA Zip Code 16509 To Whom Paid JIM BOCK House # 1000 Street Address MARIANNA AVE City ERIE State PA Zip Code 16509 To Whom Paid BEERS POP DISCOUNT WAREHOUSE House # 901 Street Address AENINSULA DR City ERIE State PA Zip Code 16505 To Whom Paid PRESQUE ISLE PIZZA House # 3150 Street Address W 32 ND 57	Date [MM/DD/YYYY] \$ 54.46 Description of Expenditure Date [MM/DD/YYYY] \$ 50.00 Date [MM/DD/YYYY] \$ 50.00 Description of Expenditure Date [MM/DD/YYYY] \$ 113.57 Description of Expenditure Date [MM/DD/YYYY] \$ 113.57 Description of Expenditure Date [MM/DD/YYYY] \$ 113.57 Date [MM/DD/YYYY] \$ 100.00 Date [MM/DD/YYYY] \$ 100.00

Statement of Expenditures

THE RESIDENCE OF THE PARTY OF T	1.1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
Filer Identification Number:	· · · · · · · · · · · · · · · · · · ·
	1

To Whom Paid		, ,		Date [MM/DD/YYYY] \$
	TRI-S	STATE SE	ENIOR NEWS	11/27/2017 480.00
House #	Street Address	P.O. Box	3056	Description of Expenditure
City E/	2/5	State PA	Zip Code 16508	ADVERTISING
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zlp Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid		Processory .		Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:

CONTRACTOR OF THE PARTY OF THE			THE RESERVE OF THE PARTY OF THE	
				INCREMENTAL CONTROL OF THE PROPERTY OF THE PRO
lame of Creditor	JAMES	5. & RACHE	LE. BOCK	Outstanding Balance of Debt
louse #	Street Address		DATE DEBT INCURRED	\$ 2 0 7 0 0
inn	Ma	MANUE ANG	[MM/DD/YYYY]	2,000.00
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House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
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